

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

IN RE: JUUL LABS, INC. MARKETING,
SALES PRACTICES, AND PRODUCTS
LIABILITY LITIGATION

Case No: 19-md-02913-WHO (JSC)

CASE MANAGEMENT ORDER NO. 12:

**IMPLEMENTATION ORDER FOR
SUPPLEMENTAL PLAINTIFF FACT SHEET
QUESTIONS AND RETAILER DEFENDANTS'
FACT SHEET**

HONORABLE JUDGE WILLIAM H. ORRICK

This Case Management Order (“CMO” or “Order”) governs the form, schedule for completion, and service of personal injury Plaintiffs’ obligations to respond to the Supplemental Plaintiff Fact Sheet (“PFS”) Questions required by the Court’s Order of August 6, 2020. (Dkt. No. 857.) This Order also governs the form, schedule for completion, and service of the Retailer Defendants’ Fact Sheet (“DFS”).

This Order applies to Defendant JUUL Labs, Inc. (“JLI”), Altria Group, Inc. and Philip Morris USA Inc. (collectively, “the Altria Defendants”), the Retailer Defendants (Chevron Corporation, Circle K Stores, Inc., Speedway LLC, 7-Eleven, Inc., Walmart, and Walgreen Co.), the Distributor Defendants (McLane Company, Inc., Eby-Brown Company, LLC, and Core-Mark Holding Company, Inc.) the E-Liquid Defendants (Mother Murphy’s Labs, Inc., Alternative Ingredients, Inc., Tobacco Technology, Inc., and Eliquitech, Inc.), and the Director Defendants (Messrs. James Monsees, Adam Bowen, Nicholas Pritzker, Hoyoung Huh, and Riaz Valani) (collectively, “Defendants”) and all Plaintiffs and their counsel in: (a) all actions transferred to *In re: JUUL Labs, Inc., Marketing, Sales Practices, and Products Liability Litigation* (“MDL-2913”) by the Judicial Panel on Multidistrict Litigation (“JMPL”) pursuant to its Order dated October 2, 2019 and (b) to all related actions directly filed in or removed to this Court.

I. ONLINE PLATFORM

The Court hereby appoints BrownGreer, PLC (“BrownGreer”) to serve as the online platform for the data management of the Revised Plaintiff Fact Sheet (hereinafter “Revised PFS”), the Plaintiff

Fact Sheet Addendum (hereinafter “PFS Addendum”), and the Retailer Defendants’ Fact Sheet (hereinafter “Retailer DFS”). BrownGreer shall work with the parties to compile all necessary data. Each party shall serve their respective responses to the Revised PFS, the PFS Addendum, or the Retailer DFS by uploading them to MDL Centrality. Uploading the responsive discovery to MDL Centrality shall constitute effective service.

II. COMPLETION OF SUPPLEMENTAL PLAINTIFF FACT SHEET QUESTIONS

A. Revised Plaintiff Fact Sheet

A Plaintiff who files a case *on or after* the date of the entry of this Order shall respond to the Supplemental PFS Questions by completing and serving the Revised PFS. The Revised PFS, which contains the original forty-seven PFS questions and the two Supplemental PFS Questions, is hereby approved, and attached hereto as *Exhibit 1*. All provisions, procedures, and deadlines set forth in CMO No. 8 (Dkt. No. 406) are deemed to apply to and govern completion of the Revised Plaintiff Fact Sheet. The provisions, procedures, and deadlines set forth below for the PFS Addendum do not apply to the Revised PFS.

A Plaintiff whose case was filed *before* entry of this order but has not yet submitted a PFS may choose to answer the Supplemental PFS Questions through either the Revised PFS or the PFS Addendum.

B. Plaintiff Fact Sheet Addendum

A Plaintiff whose case was filed *before* the date of the entry of this Order and who has already submitted a PFS shall respond to the Supplemental PFS Questions by completing and serving a PFS Addendum, which the Court hereby approves by entry of this Order. *See Exhibit 2*.

1. Plaintiff Verification of Supplemental PFS Questions

Plaintiffs who signed a Declaration with submission of their PFS before entry of this Order may, but are not required to, sign a Declaration when responding to the PFS Addendum. Each Plaintiff’s responses to the Supplemental PFS Questions in the PFS Addendum are deemed to be answered under oath as a continuation of each Plaintiff’s signed Declaration for Plaintiff’s original

PFS. However, any Plaintiff selected for the Bellwether Discovery Pool, as defined by the Court's Order Regarding Bellwether Selection (Dkt. No. 938), who has not signed a Declaration for the Supplemental PFS Questions will be required to supplement their PFS Addendum to include a signed Declaration within 30 days of selection.

2. Attorney Verification

For any Plaintiff who does not sign a Declaration on the PFS Addendum, Counsel must sign the PFS Addendum verifying that the Plaintiff provided and authorized the responses. Plaintiff Counsel's verification is not a verification as to the accuracy of the responses to the Supplemental PFS Questions. A Plaintiff not represented by an attorney must sign the verification himself or herself.

Plaintiff's Counsel must submit a completed "PFS Addendum" through MDL Centrality pursuant to the terms of this Order. The obligation to comply with this CMO and to provide either a Revised Plaintiff Fact Sheet or PFS Addendum shall fall solely to the individual counsel representing a Plaintiff. As with all case-specific discovery, Plaintiffs' Lead Counsel and the members of the Plaintiffs' Steering Committee are not obligated to conduct case-specific discovery for Plaintiffs by whom they have not been individually retained. In addition, Plaintiffs' Lead Counsel and the member of the Plaintiffs' Steering Committee have no obligation to notify counsel for Plaintiffs whom they do not represent of Defendants' notice of overdue or deficient discovery or to respond to any motion practice pertaining thereto.

3. Discovery Mechanism

The effect of a Plaintiff's responses to the Supplemental PFS Questions in the PFS Addendum or Revised PFS shall be considered the same as interrogatory responses and will be governed by the standards applicable to written discovery under the Federal Rules of Civil Procedure.

A PFS Addendum is served without prejudice to the Parties' right to propound additional discovery. The Parties have agreed that additional discovery requests are appropriate for those cases that are chosen by the Parties and/or Court as potential bellwether candidates. The Parties do not waive their rights to assert objections permitted under the Federal Rules of Civil Procedure to any additional discovery.

4. Substantial Completeness of PFS Addendum

The PFS Addendum must be substantially complete, which means a Plaintiff must (a) answer all applicable questions (Plaintiffs may answer questions in good faith by indicating “not applicable,” “I don’t know,” or “unknown”); and (b) include either a signed Declaration from Plaintiff or Plaintiff Counsel’s signature verifying the responses provided are the responses of the Plaintiff. Responses such as “will supplement” or blanks will not constitute substantial completeness. If a Defendant considers a PFS Addendum to be materially deficient, a deficiency notice outlining the purported deficiency(ies) shall be served on the Plaintiff’s attorney of record via MDL Centrality. Plaintiff will have fifteen (15) days to correct the alleged deficiency(ies).

5. Objections Reserved to PFS Addendum

All objections to the admissibility of information contained in the PFS Addendum are reserved; therefore, no objections shall be lodged in the responses to the questions and requests contained therein. This paragraph, however, does not prohibit a Plaintiff from withholding or redacting information based upon a recognized privileged.

6. Confidentiality of Data

Information a Plaintiff provides in the PFS Addendum is deemed confidential, will only be used for purposes related to this litigation, and may be disclosed only as permitted by the Protective Order.

7. Scope of Depositions and Admissibility of Evidence

Nothing in the PFS Addendum shall be deemed to limit the scope of inquiry at depositions and admissibility of evidence at trial. The scope of inquiry at depositions shall remain governed by the Federal Rules of Civil Procedure. The Federal Rules of Evidence shall govern the admissibility of information contained in responses to the PFS Addendum and no objections are waived by virtue of providing information in any PFS Addendum.

8. Deadline for Submission of PFS Addendum

For Plaintiffs whose cases were filed before entry of this Order but the Plaintiff’s PFS has not become due pursuant to CMO 8, the PFS Addendum is due at the same time the Plaintiff’s PFS is due or 30 days after entry of this Order, whichever date is later. Plaintiffs who have already completed and served a PFS, or whose PFS has already become due, must complete and submit the PFS

Addendum within 30 days after entry of this Order.

9. Failure to Serve an Addendum to Plaintiff's Fact Sheet

a. Notice by Defendants of Overdue Discovery

A Plaintiff subject to the PFS Addendum obligations under this Order may be subject to having his or her claims dismissed for failing to comply with this Order. If a Plaintiff fails to serve a completed PFS Addendum by the applicable due date set forth herein, any Defendant may serve a Notice of Overdue Discovery via MDL Centrality.

b. Motion to Dismiss Without Prejudice

If a Plaintiff subject to this Order fails to serve a completed PFS Addendum within 30 days after receipt of the Notice of Overdue Discovery, any Defendant may move the court for an Order dismissing the Plaintiff's Complaint Without Prejudice. A Plaintiff subject to such motion shall have 14 days from the date of the Defendants' motion to file a response either (a) certifying that the Plaintiff has submitted a completed PFS Addendum or (b) opposing the Defendant's motion for other reasons. If a Plaintiff certifies that he or she has submitted a completed Supplemental PFS, the Plaintiff's claims shall not be dismissed (unless the Court finds that the certification is false or incorrect).

c. Motion to Convert Order of Dismissal Without Prejudice to Order of Dismissal with Prejudice

If the Court dismisses a Complaint without prejudice under the previous paragraph, the Defendant may move the Court no earlier than 30 days after the Court's entry of the Order of Dismissal Without Prejudice to Convert the Order to an Order of Dismissal With Prejudice. If the Plaintiff serves Defendant's counsel or their designee(s) with a completed PFS Addendum prior to the filing of Defendant's motion to convert a dismissal without prejudice to a dismissal with prejudice, the parties shall submit a stipulated motion to vacate the dismissal without prejudice.

III. RETAILER DEFENDANTS' FACT SHEET

The Court hereby approves and adopts the Retailer Defendants' Fact Sheet attached hereto as *Exhibit 3*. If a Plaintiff, in response to Supplemental PFS question 49, indicates he or she was a member of or enrolled in any loyalty or rewards program of a Retailer Defendant named in the Master Complaint, the Retailer Defendant(s) indicated therein must submit a completed Retailer Defendants' Fact Sheet and documents responsive to the requests therein through MDL Centrality no later than

1 sixty (60) days after the Plaintiff serves responses to the Supplemental PFS Questions, whether the
2 submission is through a PFS Addendum or a Revised PFS.

3
4
5 **IT IS SO ORDERED.**

6 Dated: September 21, 2020

7 
8 WILLIAM H. ORRICK, III
9 United States Judge
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

EXHIBIT 1 to CMO No. 12

**UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA**

IN RE JUUL LABS, INC., MARKETING,
SALES PRACTICES, AND
PRODUCTS LIABILITY LITIGATION

)
)
)
)
)

**MDL No. 2913
Case No. 19-md-02913-WHO
JUDGE WILLIAM H. ORRICK**

This Document Relates to:

Plaintiff: _____

Individual Case Docket No.: _____

PLAINTIFF FACT SHEET - PERSONAL INJURY

Please provide the following information for each individual who has filed a complaint or on whose behalf a complaint has been filed in the *In Re Juul Labs, Inc., Marketing, Sales Practices, and Products Liability Litigation*, MDL No. 13-2913. In completing this Plaintiff Fact Sheet, you are under oath and must provide information that is true and correct to the best of your knowledge, information and belief. Please do not leave any questions unanswered or blank. If you are filling out this Fact Sheet in hard copy, use additional sheets as needed to fully respond.

You may and should consult with your attorney if you have any questions regarding the completion of this form.

This Plaintiff Fact Sheet constitutes discovery responses subject to the Federal Rules of Civil Procedure. Information provided will only be used for purposes related to this litigation and may be disclosed only as permitted by the Protective Order.

I. CASE INFORMATION

1. Case name: _____

2. Case number: _____

3. Name of the court in which the complaint was initially filed:

4. Filing date of the complaint: _____

5. Named plaintiff(s) in the complaint:

6. Name, firm, and e-mail address of principal attorney(s) representing you:

Name: _____

Firm: _____

Email address: _____

II. **REPRESENTATIVE CAPACITY**

If you are completing this questionnaire in a representative capacity (meaning on behalf of a minor, a decedent or a person who lacks capacity to complete it on their own), respond to the questions below on behalf of the person who used JUUL products. If you are completing this Fact Sheet for someone else, assume that “you” means the person who used JUUL products.

7. If you are completing this Fact Sheet **on behalf of someone else** (for example, a deceased person, an incapacitated person, or a minor), complete the following:

a. Name of individual completing this Fact Sheet

b. Your current address

c. What is your relationship to the person upon whose behalf you have completed this Fact Sheet? (for example, parent, guardian, Estate Administrator)

d. If a court appointed you to act on behalf of a minor, an incapacitated person, or on behalf of the estate of a deceased person, state the court and date of appointment.

e. If you represent a decedent's estate, state the date and place of decedent's death.

- f. Are you filling out this form on behalf of an individual who is deceased and on whom an autopsy was performed? Choose Yes/No: _____

If yes, state the following from the autopsy report of the individual: (NOTE: In lieu of the following, you may attach a copy of the autopsy report.)

Date of autopsy: _____

Name of physician who performed autopsy:

- g. If you represent a decedent's estate, do you contend that use of JUUL Products¹ caused or contributed to the decedent's death?

Choose Yes/No/Unsure at this time/Investigation ongoing:

If yes, identify the decedent's surviving spouse, parents, and children and provide their addresses (or the addresses of their attorneys, if applicable) and the age of any surviving children.

Name	Address(es)	Age of any surviving children

¹ "JUUL Products" is defined to include all of JUUL's products, including its vaping device and JUULpods.

III. PERSONAL INFORMATION

8. Legal Name: _____

Other Names by which you have been known (maiden name, prior marriages or otherwise, if any):

9. Gender Identity: _____

10. Social Security Number: _____

11. Date and Place of Birth (City, State, Country):

Date: _____

Place of Birth: _____

12. List your current and previous addresses for the past five (5) years and the periods you resided at each location including addresses while at college:

Address(es)	Date
	to <input type="checkbox"/> Present
	to <input type="checkbox"/> Present
	to <input type="checkbox"/> Present
	to <input type="checkbox"/> Present
	to <input type="checkbox"/> Present
	to <input type="checkbox"/> Present
	to <input type="checkbox"/> Present

Address(es)	Date
	to <input type="checkbox"/> Present
	to <input type="checkbox"/> Present
	to <input type="checkbox"/> Present

13. If married or in a domestic partnership/civil union, provide the following information:

Name of spouse/partner: _____

14. Provide the following information about your education from the 7th grade onward:

School(s):

Name of School	City and State	Dates of attendance	Grade(s) completed	Diploma Obtained (Y/N)
		to <input type="checkbox"/> Present		
		to <input type="checkbox"/> Present		
		to <input type="checkbox"/> Present		
		to <input type="checkbox"/> Present		
		to <input type="checkbox"/> Present		

Name of School	City and State	Dates of attendance	Grade(s) completed	Diploma Obtained (Y/N)
		to <input type="checkbox"/> Present		
		to <input type="checkbox"/> Present		
		to <input type="checkbox"/> Present		
		to <input type="checkbox"/> Present		
		to <input type="checkbox"/> Present		

Post-Secondary Schools (i.e., College, Trade School, Training Programs, etc.):

Name of School	City and State	Dates of attendance	Degree Awarded, If any	Major or Primary Field
		to <input type="checkbox"/> Present		
		to <input type="checkbox"/> Present		
		to <input type="checkbox"/> Present		
		to <input type="checkbox"/> Present		

Name of School	City and State	Dates of attendance	Degree Awarded, If any	Major or Primary Field
		to <input type="checkbox"/> Present		
		to <input type="checkbox"/> Present		
		to <input type="checkbox"/> Present		
		to <input type="checkbox"/> Present		

IV. EMPLOYMENT HISTORY

15. Complete the chart below detailing your employment history for the past five (5) years.

Name of Employer	City and State Where You Worked	Approximate Dates of Employment (Month/Year to Month/Year)	Occupation or Job Title
		to <input type="checkbox"/> Present	
		to <input type="checkbox"/> Present	
		to <input type="checkbox"/> Present	
		to <input type="checkbox"/> Present	
		to <input type="checkbox"/> Present	
		to <input type="checkbox"/> Present	

Name of Employer	City and State Where You Worked	Approximate Dates of Employment (Month/Year to Month/Year)	Occupation or Job Title
		to <input type="checkbox"/> Present	
		to <input type="checkbox"/> Present	
		to <input type="checkbox"/> Present	
		to <input type="checkbox"/> Present	
		to <input type="checkbox"/> Present	
		to <input type="checkbox"/> Present	
		to <input type="checkbox"/> Present	
		to <input type="checkbox"/> Present	
		to <input type="checkbox"/> Present	
		to <input type="checkbox"/> Present	
		to <input type="checkbox"/> Present	

V. JUUL USE

16. Have you used JUUL Products?

Choose Yes/No: _____

a. **If yes**, identify whether you used the following JUUL Products (check all that apply).

☐ JUUL Device

☐ JUULpods

17. Do you currently use JUUL Products?

Choose Yes/No: _____

18. Identify each flavor(s) of JUUL pods and the strength of JUUL pods you have used.

Flavor

Strength

19. With respect to the period(s) of your JUUL use, please provide (i) the approximate JUUL start date or re-start date (ii) the State where you started or re-started JUUL; (iii) the approximate date you stopped using JUUL for more than a week, if applicable; and (iv) frequency of using JUUL during each time period, including the approximate number of JUULpods used on average per day or per week.

Approximate Start Date or Re-Start Date	State Where Started or Re-Started	Approximate Date You Stopped Using JUUL (If you stopped)	Frequency of JUULpods used on average (either per day or per week)
		<input type="checkbox"/> Present	
		<input type="checkbox"/> Present	
		<input type="checkbox"/> Present	
		<input type="checkbox"/> Present	
		<input type="checkbox"/> Present	

20. Do you have receipts, proof of purchase, and/or email confirmation for any of the JUUL Products you have used

Choose Yes/No: _____

To the extent you have receipts, proof of purchase, and/or email confirmation for these products, provide copies of those receipts and other supporting documents.

21. Have you ever personally purchased JUUL Products directly from JUUL Labs, Inc. online (*i.e* from juul.com or juulvapor.com, as opposed to another retailer)?

Choose Yes/No/I do not recall: _____

If yes, provide the following:

- a. Full name associated with the online JUUL account:

- b. E-mail address (es) associated with the online JUUL account:

c. Physical address (es) associated with the online JUUL account:

22. Did you purchase JUUL products from third-party websites (*i.e.*, websites other than juul.com or juulvapor.com)?

Choose Yes/No/I do not recall: _____

a. **If yes**, identify all third-party websites where you purchased JUUL products and the approximate dates of purchase:

Name	Website Address	Approximate Dates of Purchase
		to <input type="checkbox"/> Present
		to <input type="checkbox"/> Present
		to <input type="checkbox"/> Present
		to <input type="checkbox"/> Present
		to <input type="checkbox"/> Present
		to <input type="checkbox"/> Present
		to <input type="checkbox"/> Present
		to <input type="checkbox"/> Present
		to <input type="checkbox"/> Present
		to <input type="checkbox"/> Present

23. Did you purchase JUUL products from retail stores (*i.e.*, traditional, brick-and-mortar locations such as convenience stores or vaping stores)?

Choose Yes/No/I do not recall: _____

a. **If yes**, identify all retail stores

Name	Physical Address	Approximate Dates of Purchase
		to <input type="checkbox"/> Present
		to <input type="checkbox"/> Present
		to <input type="checkbox"/> Present
		to <input type="checkbox"/> Present
		to <input type="checkbox"/> Present
		to <input type="checkbox"/> Present
		to <input type="checkbox"/> Present
		to <input type="checkbox"/> Present
		to <input type="checkbox"/> Present
		to <input type="checkbox"/> Present

24. Have you ever used JUUL Products that you did not personally purchase yourself?

Choose Yes/No/I do not recall: _____

- a. **If yes**, how did you obtain the JUUL Products that you did not personally purchase? (Please select as many as are applicable).

If other, please explain:

VI. USE OF OTHER NICOTINE-CONTAINING PRODUCTS (NICOTINE PRODUCTS INCLUDE OTHER VAPING DEVICES AND E-CIGARETTES WITH NICOTINE, COMBUSTIBLE CIGARETTES, CIGARS, CHEWING TOBACCO, SNUFF, DIP, ETC.)

A. Before JUUL Use:

25. Did you use any nicotine-containing products before the first time you used JUUL?

Choose Yes/No: _____

- a. **If yes**, then limiting your answer to the time-period before your use of JUUL:
(a) list each nicotine-containing product by brand name that you used; (b) the approximate time-period of use; and (c) frequency of use.

Type and Brand of Nicotine-Containing Product	Approximate Time Period of Product Use	Frequency of Use of Other Nicotine-Containing Product
	to <input type="checkbox"/> Present	
	to <input type="checkbox"/> Present	
	to <input type="checkbox"/> Present	
	to <input type="checkbox"/> Present	

Type and Brand of Nicotine-Containing Product	Approximate Time Period of Product Use	Frequency of Use of Other Nicotine-Containing Product
	to <input type="checkbox"/> Present	
	to <input type="checkbox"/> Present	
	to <input type="checkbox"/> Present	
	to <input type="checkbox"/> Present	
	to <input type="checkbox"/> Present	
	to <input type="checkbox"/> Present	

B. Use of Other Nicotine-Containing Products Overlapping with JUUL Use:

26. Did you use any other nicotine-containing products at any point during the same time-period that you have used JUUL?

Choose Yes/No/Not applicable: _____

- a. **If yes**, then with respect to the time period that you used other nicotine-containing products that overlap with your use of JUUL (a) list each nicotine-containing product by brand name that you used; (b) the time-period of use that overlaps with your JUUL use; and (c) describe your frequency of use.

Type and Brand of Nicotine-Containing Product	Approximate Time Period of Product Use Overlapping with JUUL Use	Frequency of Use of Other Nicotine-Containing Product
	to <input type="checkbox"/> Present	
	to <input type="checkbox"/> Present	

Type and Brand of Nicotine-Containing Product	Approximate Time Period of Product Use Overlapping with JUUL Use	Frequency of Use of Other Nicotine-Containing Product
	to <input type="checkbox"/> Present	
	to <input type="checkbox"/> Present	
	to <input type="checkbox"/> Present	
	to <input type="checkbox"/> Present	
	to <input type="checkbox"/> Present	
	to <input type="checkbox"/> Present	
	to <input type="checkbox"/> Present	
	to <input type="checkbox"/> Present	

C. Use of Other Nicotine-Containing Products After Using JUUL:

27. Did you use any other nicotine-containing products after you stopped using JUUL?

Choose Yes/No/N/A due to still using JUUL: _____

- a. **If yes**, then after you stopped using JUUL (a) identify each nicotine-containing product by brand name; (b) the approximate date-range of use that overlaps with your JUUL use; and (c) describe your frequency of use.

Type and Brand of Nicotine-Containing Product	Approximate Time Period of Product Use	Frequency of Use of Other Nicotine-Containing Product
	to <input type="checkbox"/> Present	
	to <input type="checkbox"/> Present	

Type and Brand of Nicotine-Containing Product	Approximate Time Period of Product Use	Frequency of Use of Other Nicotine-Containing Product
	to <input type="checkbox"/> Present	
	to <input type="checkbox"/> Present	
	to <input type="checkbox"/> Present	
	to <input type="checkbox"/> Present	
	to <input type="checkbox"/> Present	
	to <input type="checkbox"/> Present	
	to <input type="checkbox"/> Present	
	to <input type="checkbox"/> Present	

VII. ADVERTISING

28. Did you ever see an advertisement for JUUL before or during the timeframe you were using JUUL Products?

Choose Yes/No: _____

- a. **If yes**, identify the type of advertising you saw (internet, brochure, TV, billboards, social media, store signs or displays, magazine, etc.).

VIII. OTHER SUBSTANCE HISTORY.

29. Alcohol Consumption

- a. Do you consume alcohol?

Choose Yes/No: _____

- b. **If yes**, on average, how much alcohol do you drink?

Choose 1-5 drinks per week/6-10 drinks per week/10 or more drinks per week/Other: _____

Explain: _____

30. Cannabis, THC, or Marijuana

- a. Have you used cannabis/marijuana/THC?

Choose Yes/No: _____

- b. If you have used cannabis/marijuana/THC, did you use it before you started using JUUL?

Choose Yes/No: _____

I. **If yes**, please describe how often:

- c. If you have used cannabis/marijuana/THC, did you use it during your period of JUUL usage?

Choose Yes/No: _____

I. **If yes**, please describe how often:

- d. Please identify the device(s) and/or method(s) for your use or ingestion of cannabis, marijuana, or THC.

- e. Have you ever vaped cannabis/marijuana/THC with a JUUL Device?

Choose Yes/No: _____

- f. Have you ever used a vape device other than a JUUL device to vape cannabis/marijuana/THC?

Choose Yes/No: _____

31. Other Substances

- a. Have you used any other recreational drugs?

Choose Yes/No: _____

- b. **If yes**, have you ever used a recreational drug two or more times?

Choose Yes/No: _____

- c. **If yes**, please identify: i) the name of each drug you used two or more times, ii) the period of drug usage in relation to your JUUL usage (check all that apply), and iii) how frequently you use(d) the drug.

i) Name of Drug: _____

ii) Period of drug usage in relation to JUUL usage (check all that apply):

Before ☐ During ☐ After ☐

iii) Frequency of drug usage: _____

If you selected "other", please explain: _____

i) Name of Drug: _____

ii) Period of drug usage in relation to JUUL usage (check all that apply):

Before ☐ During ☐ After ☐

iii) Frequency of drug usage: _____

If you selected "other", please explain: _____

i) Name of Drug: _____

ii) Period of drug usage in relation to JUUL usage (check all that apply):

Before ☐ During ☐ After ☐

iii) Frequency of drug usage: _____

If you selected "other", please explain: _____

i) Name of Drug: _____

ii) Period of drug usage in relation to JUUL usage (check all that apply):

Before ☐ During ☐ After ☐

iii) Frequency of drug usage: _____

If you selected "other", please explain: _____

i) Name of Drug: _____

ii) Period of drug usage in relation to JUUL usage (check all that apply):

Before ☐ During ☐ After ☐

iii) Frequency of drug usage: _____

If you selected "other", please explain: _____

i) Name of Drug: _____

ii) Period of drug usage in relation to JUUL usage (check all that apply):

Before ☐ During ☐ After ☐

iii) Frequency of drug usage: _____

If you selected "other", please explain: _____

i) Name of Drug: _____

ii) Period of drug usage in relation to JUUL usage (check all that apply):

Before ☐ During ☐ After ☐

iii) Frequency of drug usage: _____

If you selected "other", please explain: _____

IX. MEDICAL BACKGROUND

32. Current Height: _____ feet _____ inches

33. Current Weight: _____

34. During the seven (7) year period before you began using JUUL through the present date, identify each of your primary care physicians (such as pediatricians, family medicine doctors or internists) who treated you for any condition.

Dates of Treatment	Name and address of healthcare provider	Condition
<input type="checkbox"/> Present to		
<input type="checkbox"/> Present to		
<input type="checkbox"/> Present to		
<input type="checkbox"/> Present to		
<input type="checkbox"/> Present to		
<input type="checkbox"/> Present to		
<input type="checkbox"/> Present to		

☐

Present	to	
---------	----	--

Dates of Treatment	Name and address of healthcare provider	Condition
to <input type="checkbox"/> Present		
to <input type="checkbox"/> Present		
to <input type="checkbox"/> Present		
to <input type="checkbox"/> Present		
to <input type="checkbox"/> Present		
to <input type="checkbox"/> Present		
to <input type="checkbox"/> Present		
to <input type="checkbox"/> Present		
to <input type="checkbox"/> Present		
to <input type="checkbox"/> Present		

35. During the seven (7) year period before you began using JUUL through the present date, identify all hospitalizations and surgeries (including in-patient and outpatient surgeries) for any condition.

Dates of Treatment	Name and address of hospital	Condition
to <input type="checkbox"/> Present		
to <input type="checkbox"/> Present		
to <input type="checkbox"/> Present		
to <input type="checkbox"/> Present		
to <input type="checkbox"/> Present		
to <input type="checkbox"/> Present		
to <input type="checkbox"/> Present		
to <input type="checkbox"/> Present		
to <input type="checkbox"/> Present		
to <input type="checkbox"/> Present		

36. List all prescription medications that you have taken during the seven (7) year period before you started using JUUL through the present date.

List all Prescriptions	Approximate Dates of Use	Pharmacy Used
	to <input type="checkbox"/> Present	
	to <input type="checkbox"/> Present	
	to <input type="checkbox"/> Present	
	to <input type="checkbox"/> Present	
	to <input type="checkbox"/> Present	
	to <input type="checkbox"/> Present	
	to <input type="checkbox"/> Present	
	to <input type="checkbox"/> Present	
	to <input type="checkbox"/> Present	
	to <input type="checkbox"/> Present	
	to <input type="checkbox"/> Present	
	to <input type="checkbox"/> Present	
	to <input type="checkbox"/> Present	

List all Prescriptions	Approximate Dates of Use	Pharmacy Used
	to <input type="checkbox"/> Present	
	to <input type="checkbox"/> Present	
	to <input type="checkbox"/> Present	
	to <input type="checkbox"/> Present	
	to <input type="checkbox"/> Present	
	to <input type="checkbox"/> Present	
	to <input type="checkbox"/> Present	
	to <input type="checkbox"/> Present	
	to <input type="checkbox"/> Present	
	to <input type="checkbox"/> Present	
	to <input type="checkbox"/> Present	
	to <input type="checkbox"/> Present	
	to <input type="checkbox"/> Present	

X. INJURIES, ILLNESSES AND CONDITIONS

37. Have you sought medical treatment for any injury(ies), illness(es), or condition(s) you claim were caused in whole or in part by JUUL products?

Choose Yes/No: _____

38. Identify injury (ies), illness (es), or condition(s) you claim were caused in whole or in part by JUUL Products:

Injury, Illness, or Condition	Check all that apply	Approximate date of onset	Is it ongoing? [Y / N]
a. Addiction	<input type="checkbox"/>		
b. Nicotine Poisoning	<input type="checkbox"/>		
c. Behavioral Issues/Mental Health:			
• Anger/outbursts	<input type="checkbox"/>		
• Mood swings	<input type="checkbox"/>		
• Irritability	<input type="checkbox"/>		
• Suicidal thoughts	<input type="checkbox"/>		
• Suicidal attempts	<input type="checkbox"/>		
• Death by suicide	<input type="checkbox"/>		
• Other (specify):	<input type="checkbox"/>		
d. Cognitive Issues:			
• Attention Deficit Disorder	<input type="checkbox"/>		
• Learning impairments	<input type="checkbox"/>		
• Lack of concentration	<input type="checkbox"/>		
• Trouble sleeping	<input type="checkbox"/>		

Injury, Illness, or Condition	Check all that apply	Approximate date of onset	Is it ongoing? [Y / N]
<ul style="list-style-type: none"> Other (specify) 	<input type="checkbox"/>		
e. Cardiovascular:			
<ul style="list-style-type: none"> Heart attack 	<input type="checkbox"/>		
<ul style="list-style-type: none"> Other cardiovascular diagnosis (specify): 	<input type="checkbox"/>		
f. Death	<input type="checkbox"/>		
g. Neurologic			
<ul style="list-style-type: none"> Seizures 	<input type="checkbox"/>		
<ul style="list-style-type: none"> Stroke 	<input type="checkbox"/>		
h. Respiratory/Lung:			
<ul style="list-style-type: none"> Acute eosinophilic pneumonia/pulmonary eosinophilia 	<input type="checkbox"/>		
<ul style="list-style-type: none"> Acute interstitial pneumonitis or Acute pneumonia 	<input type="checkbox"/>		
<ul style="list-style-type: none"> Acute respiratory distress syndrome (ARDS) 	<input type="checkbox"/>		
<ul style="list-style-type: none"> Asthma 	<input type="checkbox"/>		
<ul style="list-style-type: none"> Bronchitis 	<input type="checkbox"/>		
<ul style="list-style-type: none"> Chronic lung problems 	<input type="checkbox"/>		
<ul style="list-style-type: none"> Chronic obstructive pulmonary disease (COPD) 	<input type="checkbox"/>		
<ul style="list-style-type: none"> E-cigarette, or vaping, product use associated lung injury (EVALI) 	<input type="checkbox"/>		
<ul style="list-style-type: none"> Emphysema 	<input type="checkbox"/>		
<ul style="list-style-type: none"> Lipoid pneumonia 	<input type="checkbox"/>		
<ul style="list-style-type: none"> Lung transplant 	<input type="checkbox"/>		
<ul style="list-style-type: none"> Other specified interstitial pulmonary disease 	<input type="checkbox"/>		

Injury, Illness, or Condition	Check all that apply	Approximate date of onset	Is it ongoing? [Y / N]
• Pneumonia (any type) (specify):	<input type="checkbox"/>		
• Popcorn lung/bronchiolitis obliterans	<input type="checkbox"/>		
i. Other personal injuries (specify):	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

If you checked any of the injuries, illnesses, or conditions listed under 38(c) - Behavioral Issues/Mental Health, **you must complete Authorization A1 - Mental Health, and answer the following question. If you did not check any of these, you do not need to complete Authorization A1 or answer the following question.**

39. If you received treatment for any of the injuries, illnesses, or conditions identified in any of the conditions listed under 38(c) - Behavior Issues/Mental Health, please provide the following information:

Name Provider/Facility/ Counselor	Address of Provider/ Facility/Counselor	Approximate Dates of Treatment
		to <input type="checkbox"/> Present

Name Provider/Facility/ Counselor	Address of Provider/ Facility/Counselor	Approximate Dates of Treatment
		to <input type="checkbox"/> Present
		to <input type="checkbox"/> Present
		to <input type="checkbox"/> Present
		to <input type="checkbox"/> Present
		to <input type="checkbox"/> Present
		to <input type="checkbox"/> Present
		to <input type="checkbox"/> Present
		to <input type="checkbox"/> Present
		to <input type="checkbox"/> Present
		to <input type="checkbox"/> Present
		to <input type="checkbox"/> Present

40. As to all other injuries, illnesses, and/or conditions you checked in the chart in response to Question No. 38 above; please separately provide the information requested in the Table below:

Injury, Illness, or Condition	Did you receive treatment? Yes / No	Date range of treatment	Name and address of medical provider (i.e. treating physician(s) and/or healthcare facility(ies))	Narrative / general description of treatment
		to <input type="checkbox"/> Present	<i>Name:</i> <i>Facility:</i> <i>Street:</i> <i>City:</i> <i>State:</i> <i>Zip:</i>	
		to <input type="checkbox"/> Present	<i>Name:</i> <i>Facility:</i> <i>Street:</i> <i>City:</i> <i>State:</i> <i>Zip:</i>	
		to <input type="checkbox"/> Present	<i>Name:</i> <i>Facility:</i> <i>Street:</i> <i>City:</i> <i>State:</i> <i>Zip:</i>	
		to <input type="checkbox"/> Present	<i>Name:</i> <i>Facility:</i> <i>Street:</i> <i>City:</i> <i>State:</i> <i>Zip:</i>	
		to <input type="checkbox"/> Present	<i>Name:</i> <i>Facility:</i> <i>Street:</i> <i>City:</i> <i>State:</i> <i>Zip:</i>	

Injury, Illness, or Condition	Did you receive treatment? Yes / No	Date range of treatment	Name and address of medical provider (i.e. treating physician(s) and/or healthcare facility(ies))	Narrative / general description of treatment
		to <input type="checkbox"/> Present	<i>Name:</i> <i>Facility:</i> <i>Street:</i> <i>City:</i> <i>State:</i> <i>Zip:</i>	
		to <input type="checkbox"/> Present	<i>Name:</i> <i>Facility:</i> <i>Street:</i> <i>City:</i> <i>State:</i> <i>Zip:</i>	
		to <input type="checkbox"/> Present	<i>Name:</i> <i>Facility:</i> <i>Street:</i> <i>City:</i> <i>State:</i> <i>Zip:</i>	
		to <input type="checkbox"/> Present	<i>Name:</i> <i>Facility:</i> <i>Street:</i> <i>City:</i> <i>State:</i> <i>Zip:</i>	
		to <input type="checkbox"/> Present	<i>Name:</i> <i>Facility:</i> <i>Street:</i> <i>City:</i> <i>State:</i> <i>Zip:</i>	

Injury, Illness, or Condition	Did you receive treatment? Yes / No	Date range of treatment	Name and address of medical provider (i.e. treating physician(s) and/or healthcare facility(ies))	Narrative / general description of treatment
		to <input type="checkbox"/> Present	<i>Name:</i> <i>Facility:</i> <i>Street:</i> <i>City:</i> <i>State:</i> <i>Zip:</i>	
		to <input type="checkbox"/> Present	<i>Name:</i> <i>Facility:</i> <i>Street:</i> <i>City:</i> <i>State:</i> <i>Zip:</i>	
		to <input type="checkbox"/> Present	<i>Name:</i> <i>Facility:</i> <i>Street:</i> <i>City:</i> <i>State:</i> <i>Zip:</i>	
		to <input type="checkbox"/> Present	<i>Name:</i> <i>Facility:</i> <i>Street:</i> <i>City:</i> <i>State:</i> <i>Zip:</i>	
		to <input type="checkbox"/> Present	<i>Name:</i> <i>Facility:</i> <i>Street:</i> <i>City:</i> <i>State:</i> <i>Zip:</i>	

Injury, Illness, or Condition	Did you receive treatment? Yes / No	Date range of treatment	Name and address of medical provider (i.e. treating physician(s) and/or healthcare facility(ies))	Narrative / general description of treatment
		to <input type="checkbox"/> Present	<i>Name:</i> <i>Facility:</i> <i>Street:</i> <i>City:</i> <i>State:</i> <i>Zip:</i>	
		to <input type="checkbox"/> Present	<i>Name:</i> <i>Facility:</i> <i>Street:</i> <i>City:</i> <i>State:</i> <i>Zip:</i>	
		to <input type="checkbox"/> Present	<i>Name:</i> <i>Facility:</i> <i>Street:</i> <i>City:</i> <i>State:</i> <i>Zip:</i>	
		to <input type="checkbox"/> Present	<i>Name:</i> <i>Facility:</i> <i>Street:</i> <i>City:</i> <i>State:</i> <i>Zip:</i>	
		to <input type="checkbox"/> Present	<i>Name:</i> <i>Facility:</i> <i>Street:</i> <i>City:</i> <i>State:</i> <i>Zip:</i>	

Injury, Illness, or Condition	Did you receive treatment? Yes / No	Date range of treatment	Name and address of medical provider (i.e. treating physician(s) and/or healthcare facility(ies))	Narrative / general description of treatment
		to <input type="checkbox"/> Present	<i>Name:</i> <i>Facility:</i> <i>Street:</i> <i>City:</i> <i>State:</i> <i>Zip:</i>	
		to <input type="checkbox"/> Present	<i>Name:</i> <i>Facility:</i> <i>Street:</i> <i>City:</i> <i>State:</i> <i>Zip:</i>	
		to <input type="checkbox"/> Present	<i>Name:</i> <i>Facility:</i> <i>Street:</i> <i>City:</i> <i>State:</i> <i>Zip:</i>	
		to <input type="checkbox"/> Present	<i>Name:</i> <i>Facility:</i> <i>Street:</i> <i>City:</i> <i>State:</i> <i>Zip:</i>	
		to <input type="checkbox"/> Present	<i>Name:</i> <i>Facility:</i> <i>Street:</i> <i>City:</i> <i>State:</i> <i>Zip:</i>	

Injury, Illness, or Condition	Did you receive treatment? Yes / No	Date range of treatment	Name and address of medical provider (i.e. treating physician(s) and/or healthcare facility(ies))	Narrative / general description of treatment
		to <input type="checkbox"/> Present	<i>Name:</i> <i>Facility:</i> <i>Street:</i> <i>City:</i> <i>State:</i> <i>Zip:</i>	
		to <input type="checkbox"/> Present	<i>Name:</i> <i>Facility:</i> <i>Street:</i> <i>City:</i> <i>State:</i> <i>Zip:</i>	
		to <input type="checkbox"/> Present	<i>Name:</i> <i>Facility:</i> <i>Street:</i> <i>City:</i> <i>State:</i> <i>Zip:</i>	
		to <input type="checkbox"/> Present	<i>Name:</i> <i>Facility:</i> <i>Street:</i> <i>City:</i> <i>State:</i> <i>Zip:</i>	
		to <input type="checkbox"/> Present	<i>Name:</i> <i>Facility:</i> <i>Street:</i> <i>City:</i> <i>State:</i> <i>Zip:</i>	

41. Have you or anyone acting on your behalf had any discussions with any doctor or other healthcare provider about whether JUUL Products caused or contributed to any injuries, illnesses, or conditions?

Choose Yes/No: _____

- a. **If yes**, provide, the doctor's or healthcare provider's name and address, the approximate date of that discussion.

Doctor's or healthcare provider's name	Address	Approximate Date of Discussion
		to <input type="checkbox"/> Present
		to <input type="checkbox"/> Present
		to <input type="checkbox"/> Present
		to <input type="checkbox"/> Present
		to <input type="checkbox"/> Present
		to <input type="checkbox"/> Present

42. If applicable, list the names of all insurers or government health programs who have been billed for or paid medical expenses related to any injury, illness, or condition that you claim was caused in whole or in part by JUUL Products for which you seek recovery in this lawsuit.

43. Are you claiming lost wages?

Choose Yes/No: _____

- a. **If yes**, provide the approximate amount of lost wages you are claiming.

XI. FACT WITNESSES

44. Please identify all healthcare providers other than those already identified in this Fact Sheet who possess information concerning your JUUL use and/or your illness(es)/injury(ies) that you or your medical providers assert resulted from or were exacerbated by your JUUL use.

[illegible]

XII. PRIOR CLAIMS, LEGAL MATTERS, AND MEDICAL COVERAGE

45. Have you ever filed a workers' compensation claim?

Choose Yes/No: _____

46. Have you ever filed a claim for Social Security Disability Insurance benefits ("SSDI")?

Choose Yes/No: _____

47. Have you ever filed any other lawsuit?

Choose Yes/No: _____

a. **If yes**, please describe the nature of the lawsuit:

XIII. SMOKING CESSATION

48. Did you first use a JUUL Product^[1] for smoking cessation?

Choose Yes/No/I do not recall: _____

XIV. RETAILER LOYALTY PROGRAMS

49. For any Retailer Defendant named in the Master Complaint and identified in Question 23 of the Plaintiff Fact Sheet, have you ever been a member of, or enrolled in, a loyalty or rewards program offered to customers by the retailer?

Choose Yes/No/I do not recall/Not Applicable: _____

a. **If yes**, for each: identify the retailer, loyalty/rewards program, the names under which you are/were registered for such program, and your membership or identifier number:

Retailer	Name of Loyalty/Rewards Program	Name(s) Registered in Program	Membership/Identifying Number for the Program

^[1] JUUL Product" is defined to include all of JUUL's product, including its vaping device and JUULpods.

Retailer	Name of Loyalty/Rewards Program	Name(s) Registered in Program	Membership/Identifying Number for the Program

XV. DOCUMENTS AND AUTHORIZATIONS

Plaintiff agrees to produce copies of signed and dated authorizations to the extent applicable within thirty (30) days of the date of service of this Plaintiff Fact Sheet for the releases listed below. Plaintiff agrees that any document request for records to be produced by plaintiff will not preclude defendant from also collecting such records directly from the source pursuant to the signed authorizations.

Attach the following documents to this Fact Sheet, making certain that all releases are signed and dated within 30 days of submission.

1. Medical records release (Ex. A)—leave the “To” field blank.
2. If you checked any of the injuries, illnesses, or conditions listed under question 38(c) - Behavioral Issues/Mental Health, execute the Medical, including Mental Health, records release (Ex. A1)—leave the “To” field blank.
3. If you are claiming lost wages, execute the IRS Forms (Ex. B) and Employment release (Ex. C).
4. Execute the disability release (Ex. D) if you answered “yes” to question 46.
5. Insurance release (Ex. E).
6. Federal disclosure (Ex. F).
7. If you contend you used JUUL Products while you were in school and it damaged your school performance or grades, please execute the Education release (Ex. G).

8. If applicable, decedent's death certificate and autopsy report.
9. If applicable, to the extent you have receipts, or proof of purchase for any JUUL products, please produce copies of those receipts and other supporting documents evidencing the purchase(s).

DECLARATION

I declare under penalty of perjury pursuant to 28 U.S.C. § 1746 that all of the information provided in this Plaintiff Fact Sheet is true and correct, and that I have supplied all the documents requested in this Plaintiff Fact Sheet, to the extent that such documents are in my possession, custody, or control, and that I have supplied the authorizations attached to this declaration. I understand that I am under an obligation to supplement these responses.

Signature

Date

Name (Printed)

EXHIBIT 2 TO CMO NO. 12

**UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA**

**IN RE JUUL LABS, INC., MARKETING,
SALES PRACTICES, AND
PRODUCTS LIABILITY LITIGATION**

)
) **MDL No. 2913**
) **Case No. 19-md-02913-WHO**
) **JUDGE WILLIAM H. ORRICK**
)

This Document Relates to:

Plaintiff: [_____]

Individual Case Docket No.: [_____]

PERSONAL INJURY PLAINTIFF FACT SHEET ADDENDUM

Please provide the following additional information for each individual who has filed a complaint or on whose behalf a complaint has been filed in the *In Re Juul Labs, Inc., Marketing, Sales Practices, and Products Liability Litigation*, MDL No. 13-2913. In completing this Plaintiff Fact Sheet Addendum, you are considered to be under oath and must provide information that is true and correct to the best of your knowledge, information and belief, pursuant to the Declaration you signed with your latest Plaintiff Fact Sheet. Please do not leave any questions unanswered or blank. If you are filling out this Plaintiff Fact Sheet Addendum in hard copy, please use additional sheets as needed to fully respond.

You may and should consult with your attorney if you have any questions regarding the completion of this form.

This Plaintiff Fact Sheet Addendum constitutes discovery responses subject to the Federal Rules of Civil Procedure. Information provided will only be used for purposes related to this litigation and may be disclosed only as permitted by the Protective Order.

XIV. SMOKING CESSATION

48. Did you first use a JUUL Product¹ for smoking cessation?

Yes:___ No:___ I do not recall: ___

XV. RETAILER LOYALTY PROGRAMS

49. For any Retailer Defendant named in the Master Complaint and identified in Question 23 of the Plaintiff Fact Sheet, have you ever been a member of, or enrolled in, a loyalty or rewards program offered to customers by the retailer?

Yes:___ No:___ I do not recall: ___ Not Applicable ___

¹ JUUL Product” is defined to include all of JUUL’s product, including its vaping device and JUULpods.

- a. **If yes**, for each: identify the retailer, loyalty/rewards program, the names under which you are/were registered for such program, and your membership or identifier number:

Retailer	Name of Loyalty/Rewards Program	Name(s) Registered in Program	Membership/Identifying Number for the Program

PLAINTIFF DECLARATION

I declare under penalty of perjury pursuant to 28 U.S.C. § 1746 that all of the information provided in this Plaintiff Fact Sheet Addendum is true and correct. I understand that I am under an obligation to supplement these responses.

Signature

Date

Name (Printed)

OR

ATTORNEY VERIFICATION

I verify pursuant to Fed. R. Civ. P. Rule 11 that the information provided herein was provided by and authorized by the Plaintiff.

Signature

Date

Name (Printed)

EXHIBIT 3 TO CMO NO. 12

**UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA**

<hr/>)	
IN RE JUUL LABS, INC., MARKETING,)	MDL No. 2913
SALES PRACTICES, AND)	Case No. 19-md-02913-WHO
PRODUCTS LIABILITY LITIGATION)	JUDGE WILLIAM H. ORRICK
<hr/>)	

This Document Relates to:

Plaintiff: [_____])
Individual Case Docket No.: [_____]

RETAILER DEFENDANTS' FACT SHEET - PERSONAL INJURY

Defendants 7-Eleven, Inc., Speedway LLC, Walmart Inc., Walgreens Boots Alliance, Inc., Circle K Stores, Inc., and Chevron Corporation ("Retailer Defendants") must complete the Retailer Defendants' Fact Sheet ("RDFS") in *In Re Juul Labs, Inc. Marketing, Sales Practices, and Products Liability Litigation*, MDL No. 13-2913 only for the Plaintiffs who submitted affirmative responses identifying that particular Retailer Defendant in either Question No. 49 of the Revised Plaintiff Fact Sheet or Question No. 49 of the Personal Injury Plaintiff Fact Sheet Addendum. In completing this Retailer Defendants' Fact Sheet, Retailer Defendants are under oath and must provide information that is true and correct to the best of your knowledge, information and belief.

This Retailer Defendants' Fact Sheet constitutes discovery responses subject to the Federal Rules of Civil Procedure. Information provided will only be used for purposes related to this litigation and may be disclosed only as permitted by the Protective Order in this litigation.

This RDFS pertains to the following case:

Case caption: _____

Civil Action No.: _____

Date that this RDFS was completed: _____

INSTRUCTIONS

"YOU", "YOUR", or "DEFENDANTS" refers to entity(ies) named as defendant(s) in the case to which responses in this RDFS are provided.

**THIS INFORMATION IS PROVIDED PURSUANT TO THE PROTECTIVE ORDER ENTERED IN
THIS LITIGATION AND SHALL BE MAINTAINED AS CONFIDENTIAL
CONSISTENT WITH THAT ORDER**

REQUESTS FOR INFORMATION:

1. Is Plaintiff's name and/or other identifying information that is provided in response to Question 49 of the Revised Plaintiff Fact Sheet or Personal Injury Plaintiff Fact Sheet Addendum associated with any retailer loyalty or rewards program used to purchase JUUL products?

Yes _____ No _____

2. If YOUR answer is "Yes" to question 1 above, please provide the following information in the Chart below:

(a) Name of Retailer, (b) Account Name; (c) Rewards or Loyalty Number; (d) Date(s) of purchase of JUUL Products; and (e) Type and Quantity of JUUL products purchased.

Name of Retailer	Account Name	Rewards or Loyalty Number	Date of Purchase of JUUL Products Using Rewards or Loyalty Membership	Type and Quantity of JUUL Product(s) Purchased Using Rewards or Loyalty Membership

DOCUMENT REQUESTS

Please produce all documents (any materials that fall within the scope of the applicable rules of civil procedure) that fall into the categories listed below. This request excludes documents generated in connection with this litigation or other litigation brought by this Plaintiff against Retailer Defendant(s):

1. All transaction records with respect to JUUL Products that relate to or refer to Plaintiff in which a loyalty or rewards program membership or subscription was used to purchase the JUUL Products.

THIS INFORMATION IS PROVIDED PURSUANT TO THE PROTECTIVE ORDER ENTERED IN THIS LITIGATION AND SHALL BE MAINTAINED AS CONFIDENTIAL CONSISTENT WITH THAT ORDER

CERTIFICATION

I declare under penalty of perjury pursuant to 28 U.S.C. § 1746 that all of the information provided in this Retailer Defendants' Fact Sheet is true and correct. I understand that I am under an obligation to supplement these responses.

Signature

Date

Name/Title (Printed)

**THIS INFORMATION IS PROVIDED PURSUANT TO THE PROTECTIVE ORDER ENTERED IN
THIS LITIGATION AND SHALL BE MAINTAINED AS CONFIDENTIAL
CONSISTENT WITH THAT ORDER**